

Mark-to-Market

Form 2.14B

PAE Payment Invoice (Non Asset-Specific)

TO: OAHP Preservation Office, Attn. Debt Restructuring Specialist

FROM: PAE

SUBJECT: MONTHLY INVOICE

Instructions: This form is used for all reimbursements and compensation relating to the PAE as a whole, and not one particular asset. For reimbursement for travel related to technical assistance briefings, complete the "Trip Description" portion and Columns (A) and (B) of Part B and attach a completed Government Contract Expense Reimbursement Travel Voucher. For any other item for which you are requesting reimbursement, complete Column (C) of Part C and attach necessary documentation. Prior to submitting an invoice, you should receive written approval for these items. While there is no standard form for this pre-approval, the PAE should submit a written request, with a detailed explanation of the claim, to the Preservation Office.

A. PAE INFORMATION:

PAE NAME

PAE'S TAX ID NUMBER

PAE'S ABA NUMBER

PAE'S BANK ACCOUNT NUMBER

PRA CONTRACT NUMBER

INVOICE NUMBER

B. PAE TRAVEL PAYMENT SUMMARY: For reimbursement for travel related to technical assistance briefings, Complete Columns (A) and (B). All government vouchers and documentation must be attached and correspond to the Trip Number below. The maximum amount reimbursable, per trip, for travel related to Technical Briefings is \$5,000 per trip for all participants combined. If claims exceed the maximum amount, you must provide a completed OAHP Waiver Form (Form 2.15) that has been approved by the Preservation Office prior to invoicing.

| TRIP DESCRIPTION | (A) Total Amount Previously Paid to/ Invoiced by PAE* | (B) Current Amount Claimed by PAE | FOR HUD USE | |
|------------------|--|---|---|--|
| | | | (C) Current Amount Approved by RO | (D) Discrepancies Column (D) - Column (C) |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

*This column represents the amount previously paid and the amount previously invoiced by the PAE, but not yet paid.

C. NON ASSET-SPECIFIC ITEMS: Please complete Column (C) for items for which you wish to request reimbursement and attach comments, invoices and other supporting documentation as necessary.

| (A) Item Number and Description | (B) Total Amount Previously Paid to/ Invoiced by PAE* | (C) Current Amount Claimed by PAE | FOR HUD USE | |
|---|---|---|---|---|
| | | | (D) Current Amount Approved by RO | (E) Discrepancies Column (D) - Column (C) |
| 1. Secretary's Indemnification of the Public PAE | | | | |
| 2. Settlement of Litigation | | | | |
| 3. Reimbursement of Legal Expenses Relating to Litigation | | | | |
| 4. Outside Counsel Expenses Associated with Duty to Maintain Confidentiality of Nonpublic Information | | | | |
| 5. Payment Upon Termination for Cause | | | | |
| 6. Payment Upon Termination for Convenience by Director or PAE | | | | |
| 7. Other (Please Specify): | | | | |

*This column represents the amount previously paid and the amount previously invoiced by the PAE, but not yet paid.

I hereby certify that the PAE retains the original invoices for all reimbursable expenses for which the PAE seeks payment by its submission to OAHP of this voucher. Further, the original invoices supporting this voucher are retained and available to OAHP, its successor agency, and designees, in accordance with the terms of the PRA, and more specifically Section 15.1.3, entitled "Retention of Records," and Section 16.4.3, entitled "Books and Records."

PAE Authorizing Signature

Print Name

Date

Debt Restructuring Specialist Approval

Print Name

Date

Preservation Director Approval

Print Name

Date

WARNING: U.S. Criminal Code, Section 1010, Title 18, U.S.C., "Federal Housing Administration transactions," provides in part: "Whoever, for the purpose of...Influencing in any way the Administration...action of such makes, passes, utters, or publishes any statement, knowing the same to be false,...shall be fined not more than \$5,000 or imprisoned not more than two years, or both."

FOR USE BY HUD

| | |
|--------------------------------|------------------------------------|
| | Date Originals received by OAHP HQ |
| Date Received by PO | Date of FFACTS input |
| Date Originals sent to OAHP HQ | Date Disburse. Confirmed |